

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER ANY AMENDMENT		AFTER THIS AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16		1				
17	1					
18		1				
19			1			
20				1		
21					1	
22						1
23						
24						
25						
26						
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29						
30						
31						
32						
33						
34						
35						
36	0					
37		1				
38	0					
39		0				
40		1				
41			1			
42				1		
43					1	
44						1
45						
46						
47						
48		1				
49			1			
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

NO.	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57						
58						
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60						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		4				
TOTAL CLAIMS		38				